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**CERTIFICATE OF FACSIMILE TRANSMISSION
UNDER 37 CFR §1.8**

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Date: October 10, 2006
Cory Rose

In Re Application Of: Roberson, Steve

Art Unit: 3618

Serial No.: 10/791,639

Confirmation No.: 3088

Filed: March 1, 2004

Docket No. 141803.1010

For: Compact Cart

Response to Final Office Action
Amendment Transmittal
Request for Continued Examination (RCE)
Fee Transmittal
Credit Card Payment Form Authorizing Payment of \$970.00

TOTAL PAGES (including cover sheet) 17

OCT 10 2006 PTO/SB/17 (12-04V2)

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Effective on 12/08/2004
Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2006**Complete if Known**☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$970.00)**

Application Number	10/791,639
Filing Date	March 1, 2004
First Named Inventor	Roberson, Steve
Examiner Name	Walters, John Daniel
Art Unit	3618
Attorney Docket No.	141803.1010

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☐ Deposit Account Deposit Account Number: 20-0778 Deposit Account Name: Thomas, Kayden, Horstemeyer Risley, L.L.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESSIVE CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims Fee (\$)	Fee Paid (\$)
23	-20 or HP = 2	50.00	50.00		
HP = highest number of total claims paid for, if great than 20					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
7	-3 or HP = 3	300.00	300.00		
HP = highest number of total claims paid for, if great than 3					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

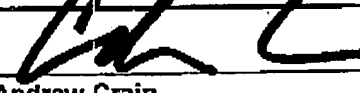
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

	Fee Paid (\$)
Non-English Specification: \$130 fee (no small entity discount)	225.00
Other: 2 Month Extension of Time	395.00
Other: RCE	

SUBMITTED BY

Complete (if applicable)

Signature		Registration No. 45,442	Telephone Number 770-933-9500
Name: (Print/Type)	N. Andrew Crain		Date: October 10, 2006

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